TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|----------------|---|-------------------|
| DIVISION OF ST | ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT | IMORE 1, MARYLAND |
| 14705 | CERTIFICATE OF DEATH | 14708 |
| PLACE DE DEATH | 1 2 USUAL RESIDENCE (Where deceased lived | |

| 731 | 00 | | | OLICI I IOATI | L OI DEATI | • | | 171 | 11() | | |
|---|---|--------------------------------------|---------------|-------------------------------|-----------------------------|-----------------|---------------------|---------------|---------------------|--|--|
| 1. PLACE DF a. COUNT | Y | HE1. E | | | 2. USUAL RESIDEN | CE (Where dece | ased lived, If inst | | e before admission) | | |
| | Som | erset | | MARYLAND | | rylan | | - | erset _ | | |
| b. CITY O | R TOWN (if out RURAL and give | side corporate l | limits, | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (II | outside corp | orate limits, writ | | | | |
| Cri | sfield | mearest town, | | 22 Days | Upper | Fair | nount. | / | 19,1 | | |
| d. NAME | OF HOSPITAL OF | R INSTITUTION | (if not in he | ospital, give street address) | d. STREET ADDRESS | | ilo dilio | | e. IS RESIDENCE | | |
| | Cready | | | ospital | | | | | ON A FARM? YES NO T | | |
| 3. NAME DE DECEASE | | First | | Middle | Last | 4. DATE | Month | Day | Year | | |
| (Type or) 5. SEX | | Flor | | | Bozman | DEATH | Oct | 7 8 | | | |
| | | | MARRIED | SA WEALK MYKKIED | B. DATE OF BIRTH | 9. | last birthday) | Months Days | Hours Min. | | |
| F'ema.L | | | WIDOWED | | ULY 14,18 | | 77 yrs. | | | | |
| during most o | f working life, e | kind of work dor even if retired) | ne 10b. K | IND OF BUSINESS OR | 11. BIRTHPLACE (C | | | COUNTRY | (? | | |
| HOUS | SEWIFE | | | | ORIOLE, | MARYLA | ND | U.S | .A. | | |
| 13. FATHER' | S NAME | | | | 14. MOTHER'S MAII | DEN NAME | | | | | |
| GE | ORGE W | ILLING | | | ANNIE T | ODD | | | | | |
| 15. WAS DECE | ASED EVER IN U | .S. ARMED FORC | ES? 16. | SOCIAL SECURITY NO. 17. | INFORMANT | 100 | Address | S | | | |
| (103, 110, 01 011 | tumity (11 yes gri | e war or dates of ser | (VICE) | MR. | CLINTON B | OZMAN | UPPER H | PAIRMOU | NT.MD. | | |
| 18. CAU | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1 | | | | | | | | | | |
| | PART I. DEATH WAS CAUSED BY: | | | | | | | | | | |
| 33 | 33 XIMMEDIATE CAUSE (a) Other / My original tur | | | | | | | | | | |
| Condition | Cenditions, If any, which \ DUE TO Terminal Presumance | | | | | | | | 3 dan | | |
| | gave rise to Immediate | | | | | | | | · | | |
| underlyin | a), stating t g cause last. | he DUE TO | Ci | relight Verso | ular ac | cistent | | 7. | month | | |
| PART II. O PART II. O 20a. ACC OR CONTI | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY | | | | | | | | | | |
| CA (| Performed? | | | | | | | | | | |
| 20a. ACC | DENT WAS UNI | DERLYING | | ESCRIBE HOW INJURY OCCU | RRED. (Enter nature o | f injury in Par | t I or Part II of | Item 18.) | | | |
| G (IF EITHE | RIBUTING CAR, NOTIFY MED | ICAL EXAMINER | (3) | | | | | | | | |
| ZOc. TIM | E OF INJURY | Month, Day, Yea | ar 20d. II | NJURY OCCURRED 20e. PLAC | CE OF INJURY (Home, fa | arm, 20f. (0 | city or town) | (County) | (State) | | |
| ZOC. TIN | ır a.m. | | While | - Not while | ry, street, office bldg., e | tc.) | | | | | |
| | p.m. 19 at work | | | | | | | | | | |
| | | | O / R | 111 | 1 . | | | | | | |
| | saw the deceased alive on 10/18/66 19 , and that death occurred at 55 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED | | | | | | | | | | |
| 220. 310 | MATORE / | in , | 12. | | | MED | STAFF | 10/19 | -// | | |
| 22c. PH | M.D. PHYS. DIRECTOR PHYS. | | | | | | | | | | |
| | ME (Type) | A. N. | Barr | . M.D. | | . 0. 2 | 7.5 | | | | |
| 220 DIIDIAI | CDEMATIONI | 23b. DATE THE | | | OR CREMATORY | | ATION (City, tov | and and | (State) | | |
| 23a. BURIAL | CREMATION, L (Specify) | - 1 . | | | | | | | ~ | | |
| 24. FUNERA | DIRECTOR | 0/20/19 | 966 | OLIVER T. BI | EAUCHAMP RE | C'D BY REGIS | | NNE M | | | |
| LEV | | ILSON | DRTN | | | OT 0 4 | | 01 1 | 0 | | |
| ר א הדריר | TA TE | TINOM | LUTL | TOBOS ANNE, I | MD. DATE | 4 2 | 1956 | Charley | Judge | | |

VR AI5 (4) 20M 1/65 DURES

13

J. T.

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JULY 14,1889 77

OPICLE, MAYELED

GUOT SIMMA

MR.CLINTON BOZEAN UPPER PAIROUNT, MD.

BUPIAS 10/20/1968 OLIVER I. HEALCHIND PRINCESS ANNE, MD.

PLACE DE DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. certificate be executed within 24 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4706
CERTIFICATE OF DEATH
14709

HSHAL RESIDENCE (Whore deceased lived of institution: Residence before admission)

| a. COUNTY Somerset MARYLAND | a. STATE Maryland b. COUNTY Somerset |
|---|--|
| b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| write RURAL and give nearest town) | Crisfield |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| McCready Memorial Hospital | R.F.D. YES NO X |
| 3. NAME OF First Middle OF First Middle (Type or print) William Fletcher | Cullen 4. DATE Month Day Year Cullen DEATH Oct. 25 1966 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8 | 3. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min. |
| Male White WIDOWED DIVORCED N | ov 27, 1952 13 yrs. |
| 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b, KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (County & State, or foreign country) Crisfield, Maryland USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Joseph Cullen, Sr. | Jewell Ennis |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. | INFDRMANT Address |
| (Yes, no, or unkown) (If yes give war or dates of service) No None Jo | seph Cullen, Sr., Same as 2. abcd |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital | heart disease C INTERVAL BETWEEN ONSET AND DEATH Since bestte |
| gave rise to immediate cause (a), stating the DUE TO Thomas lest | m - |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Standburg Ponching Ponching 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 24- |
| | RRED. (Enter nature of injury in Part I or Part II of Item 18.) |
| Hour a.m. While Not While factor | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.) |
| 21. I certify that (I) (this hospital) attended the deceased from | death occurred ab: 20M, from the causes and on the date stated above. |
| saw the deceased alive on 300 1900, and that | death occurred and activities and on the date stated above. |
| CoRawley. M.D. | |
| 22c. PHYSICIAN'S NAME (Type) Dr. G. Rawley M.d | 22d. ADDRESS Crisfid d. Md. |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | |
| Burial Oct. 27, 1966 Sunnyridge Ce | metery Crisfield, Md. |
| 24. FUNERAL DIRECTOR ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| Bradshaw & Sons, Crisfield, Md. | DATE OCT 3 1 1986 Johnson Judge |

VR AI5 (4) 20M 1/65 147:19 charten, best and .a. Alefalto constant compatent ser . To . to 1 7 Years the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death. and USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. CDUNTY the L a. STATE b. COUNTY SUMERSET Somerset Md. MARY! AND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours hours Life Crisfield Crisfield .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled e. IS RESIDENCE within 72 ON A FARM? 1395 S. 4th St. Miles Court YES NO executed within completely NAME DE First Middle DATE Month Year Last 4. DECEASED event, DORA H. 20 1966 LANE Oct (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED chamband com 5. SEX AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH NEVER MARRIED last birthday) Months Days Hours any Negro June WIDOWED DIVORCED 1894 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? and Laborer Seafood Crisfield Md. IIS attending physic rmit. Then ple death certificate 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME Charles Morgan Arnetta Waters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address this certificate has been signed by the attend detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) 215-09-4050 Marion Steveson CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN aw requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by ATTENDING at work at work the 21. I certify that (I) (this hospital) attended the deceased from... 1957 1966 that (I) (we) last TO FUNERAL DIRECTOR: M. from the causes and on the date stated above. saw the deceased alive on. and that death occurred at. 22b. DATE SIGNED 22a. SIGNATURE filed ATTENDING PHYS. STAFF 10-24-66 M.D. DIRECTOR PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) St.. Crisfield, Md. Rawlev BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. DATE THEREOF 23c. (State) REMOVAL (Specify) 1966 Crist/ield Md. Asbury FUNERAL DIRECTOR R ADDRESS 25a. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesad lived, If institution: Rasidence before admission a. COUNTY 24 hours b. COUNTY Somerset Marvland the day by the and 2 death. Somerset. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares! town) write RURAL and give nearest town) filled in Pages 1 after Tvlerton Adult life Tylerton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? Rural Rura 1 completely YES NO TY papers. 72 3. NAME OF First Middla Last 4. DATE Month Day Year DECEASED OF within (Typa or print) DEATH AMANDA CLAYTON MARSH October 26 1966 carbon 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Female White WIDOWED X DIVORCED T Jan 17. remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) Housewife None Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caleb Evans Mary Jane Marshall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (If yas give war or dates of servica) Charles Marsh, Same as 2. abcd above No None 1B. CAUSE OF DEATH [Entar only ona cause are line for (a), (b), and (c). INTERVALBETWEEN signed PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a burial-transit DUE TO attending Conditions, if any, which gava rise to immadiate causa (a), stating the underlying causa last. PHYSICIAN certificate hospital SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 35 2 CERTIFICATION REFORMED? use prior YES NO 20a. ACCIDENT WAS INDELLYING detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or OR CONTRIBUTING (IF EITHER, NOTIFY MI 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLAC OF INJURY Homa, farm, 20f. (City or town (County) ŏ Whila . straat. DIRECTOR: Dept. attended the deceased from 101.2 C. Z. (1965) that (1) (we) last 21. I certify that (1) Р should from the causes and on the date stated above. 1966, and that death occurred a saw the deceased alive ATTENDING 22a. SIGNATURE MED STAFF HOSPITAL page with th FUNERAL DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Type) Thomas C. Gentry. M. Ewell, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stata) S & S Burial (Specify) 1966 Tylerton Cemetery Tylerton, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 1966 VR A15 (4) Bradshaw & Sons, Crisfield, Maryland 20M S-63

Tradalay Folons, bulling anglord TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | 4 | | CERTIFIC | CAL | E UF DEA | IH | | | | 1 | 41. | 12 |
|--|--|----------------------------------|-----------------------------------|-------------------|---|----------------------------|----------------|---------------------------|-----------|-------------------|-----------------|-------------------------|
| PLACE OF DEAT a. COUNTY | Somer | rset | MARYL | AND | 2. USUAL RESII | DENCE (When | | ed lived, if in b. COU | UTV . | Residence Some | | |
| b. CITY OR TOW Write RURAL | /N (if outside corpora and give nearest tov | te limits, m) | c. LENGTH OF STAY | | c. CITY OR TOWN | (If outside | | | rite RURA | L and gl | ve near | est town) |
| | spital or institution by Memoria | | ospital, give street ad | dress) | d. STREET ADDR | | nie | Blvd. | | | ON A | SIDENCE FARM? |
| 3. NAME OF DECEASED | F | rst | Middle | | Last | 4. D | ATE | Monti | | Day | YES Y | NO 2 |
| (Type or print) 5. SEX | 6. COLOR OR RACE | seph 7. MARRIED | S. NEVER MARRIED | | McGrat B. DATE OF BIRTH | | | QCt GE (In years | IF UNDER | 12 RIYEAR | IF UNDE | |
| Male | White | WIDOWED | DIVORCED | | Nov. 21, | | 67 | st birthday) yrs. | | Days | Hours OF WHA | |
| Teacher & | Ing life, even If retire Publisher | d) If | NDUSTRY spaper | | Crisfie | ld, Ma | ryla | | C | OUNTRY SA | ? | |
| 13. FATHER'S NAM Levin S. N | | | | | 14. MOTHER'S M | | IE | | | | | |
| 15. WAS DECEASED (Yes, no, or unkown) NO | EVER IN U.S. ARMED FO (If yes give war or dates o None | RCES? 16. f service) | SOCIAL SECURITY NO. | | INFORMANT s. Ivy T. | | 4 h | Addres | | -1 | . oh | 0770 |
| PART I. Di Conditions, If gave rise to cause (a), s underlying caus | EATH WAS CAUSED BY IMMEDIATE CAUSE any, which immediate tating the se last. | : (a) Co TO C (b) C | ine for (a), (b), and (c). | ~ | a to h | color | at | | | ONS | RVAL BI | |
| ICA | | | TING TO DEATH BUTNO | | | | | | | YE | PERFO | UTOPSY RMED? NO [|
| | WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI | TH NER) 20b. [| DESCRIBE HOW INJURY | y occu | RRED. (Enter natur | e of Injury I | n Part | l or Part II o | f Item 18 | 1.) | | |
| 2Dc. TIME OF Hour a.r | | Year 2Dd. II While at work | Not While | e. PLAC factor | CE OF INJURY (Hom ry, street, office bld | e, farm, 20 g., etc.) | f. (Cit | y or town) | (Co | unty) | (| (State) |
| saw the de | ceased alive on(| | ed the deceased fro 219_66, an | | death occurred | , 19 66 , at 9 M | to 🔼 , from | the causes | and on t | the date | state | we) last d above. |
| 22a. SIGNATUI 22c. PHYSICIA NAME (T) | larah M | Peyt | on, M.D. | M.D. | ATTENDING PHYS. | 3 | | staff phys. [] | 10 |)13 1d. | SNED | 6 |
| 23a. BURIAL, CREM BEMOVAL (Spe | ecify) 10/15/ | 4 | 23c. NAME OF CEM Sunnyridge | | | | | rion (city, to | | | (S | tate) |
| 24. FUNERAL DIRE | | et all a | ADDRESS | | | | | AR 25b. RI | - | | | |
| Drausnaw & | Sons, Cris | strerd. | raryland | | DATE | OCT 1 | 0 1 | 986 0 | Clian | 200 | Vend | 40 |

1/65 VR AIS 20M

TOTOTOTO TO 1214 - 17400048 diagos 2 tivol and to a Livelinia, into an Live above I wish it marked to I The Sandre Sales of American Street and the sales and Available to the content of the cont

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY a. STATE b. COUNTY MARYLAND ilay is necessary, 13 to the funeral Page 5 may be Department after death. b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State hours YES X NO 2, and PM3. P DATE NAME OF 3. First Middle Month Day 4. DECEASED the 72 DEATH (Type or print) 19 2 with within 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED should be executed within 24 hours after death. If word "pending" in pencil in Item 18. Give Pages 1. Chief Medical Examiner's Office along with form nday) Months Days Hours WIDOWED DIVORCED { l and event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR URING most of working life, even if retired) INDUSTRY / 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? pages 1 in any FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, po, of unkown) (If yes give war or dates of service) permit. removál, EXAMINER: This certificate should be executed within INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH burial-transit p PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (a) DUE TO week Conditions, If any, which (b) gave rise to immediate DUE TO cause (a). stating the Ø the certificate, writing the word should be forwarded to the Chief underlying cause last, sed as burial, (c) WAS AUTOPSY PERFORMED? 19. ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO-F to the YES CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | Pia CAUSE OF DEATH. 3 should MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work ge CTOR: Pag designate Inspection Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Suicide Homicide Undetermined manner death resulted from: Accident Natural causes CHIEF MEDICAL EXAMINER for your execute Page ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATU 0 FUNERAL f Health of DEPUTY MEDICAL EXAMINER Everett SutterID EXAMINER'S director. retained Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 232 BURIAL, CREMATION, 23b. DATE THEREOF 23c. of REMOVAL (Spedify) 0 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15ME 3500 4-64

113 ml 32 30 min 2 20 ml ml 249 - 315 -Exercise Cot 25/40 St. James Clan Hocomite City, Viel

FOR STATE HEALTH DEPT.

pages y and 2 with the State Department In any event within 72 hours after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL FYAMINED'S CEDITION TO THE PROPERTY OF THE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14714

| | 1. | PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) | | | | | | |
|-----|-----------------------|---|-----------------------------|---|---|---------------------------|--|--|--|--|
| | | Somerset | MARYLANO | a. STATE Maryland b. COUNTY Somerset | | | | | | |
| | | | LENGTH OF STAY IN 1b | c. CITY OR TOWN (II | f outside corporate limits, write RURA | AL and give nearest town) | | | | |
| | | | Lifetime | Cr | risfield | 19.1 | | | | |
| | | d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp | oltal, give street address) | d. STREET AOORESS | e. IS RESIDENCE | | | | | |
| 0 | (| (DOA) 510 W. Main St. | | 139½ S. | Fourth St. | ON A FARM? YES NO X | | | | |
| | 3. | NAME OF First DECEASED | Middle | Last | 4. DATE Month | Day Year | | | | |
| | | (Type or print) MARION | F. STI | EVENSON | DEATH Oct. | 27 1966 | | | | |
| | 5. | 5. SEX 16. COLOR OR RACE 7. MARRIED 18. DATE OF BIRTH 19. AGE (In years IFUNOE) | | | | | | | | |
| | Fe | Female Negro WIOOWED WOONCEO Nov. 30, 1911 St birthday Months Styre Wione Nov. 30, 1911 Styre Wione Nov. 30, 1911 Nov. 30, 1911 Styre Windows Nov. 30, 1911 Styre Windows | | | | | | | | |
| | 10a. | JISHAL OCCUPATION (Give kind of work done 10h KIND | OF BIIGINESS OF | 11. BIRTHPLACE (S | State or foreign country) 12. | CITIZEN OF WHAT | | | | |
| | duti | Ing most of working life, even if retired) Laborer Sea | ustry ufood | Marylan | nđ U | COUNTRY? SA | | | | |
| | 13. | FATHER'S NAME | 1004 | 14. MOTHER'S MAIDEN NAME | | | | | | |
| | | Hance Griffin | | Dora H. | Lane | | | | | |
| | 15. | | CIAL SECURITY NO. 1 17. | INFORMANT | Address | | | | | |
| | (Yes | s, no, or unkown) (If yes give war or dates of service) | | omas Steve | | eld, Md. | | | | |
| | _ | | | mas bueve | SIBON OTIBLE | | | | | |
| | | 18. CAUSE OF DEATH [Enter only one cause per line PART I. OEATH WAS CAUSED BY: | | 2 | | 2006EL AND DEATH | | | | |
| 1 | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction 2 Mrs. | | | | | | | | |
| | | OUE TO | | | | | | | | |
| H | | Conditions, if any, which gave rise to immediate (b) | | | | | | | | |
| | | cause (a), stating the OUE TO | | | | | | | | |
| | | underlying cause last. (c) | | | | | | | | |
| | 1100 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION | NG TO DEATH BUT NOT RELA | TEO TO THE TERMINAL | DISEASE CONDITION GIVEN IN PART 1(2 | PERFORMEO? | | | | |
| 0 | ICA | | | | | YES NO | | | | |
| | MEDICAL CERTIFICATION | 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. | SCRIBE HOW INJURY OCCU | RREO. (Enter nature o | f injury in Part I or Part II of Item 1 | 18.) | | | | |
| | AL C | | JRY OCCURREO 20e. PLA | CE OF INJURY (Home, fa | arm. 20f. (City or town) (C | ounty) (State) | | | | |
| | DIC | | Not While facto | CE OF INJURY (Home, fary, street, office bldg., e | etc.) | (4.4.1.) | | | | |
| 3 | ME. | | | | | | | | | |
| | | 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry, and in my opinion | | | | | | | | |
| | | death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner | | | | | | | | |
| | | CHIEF MEDICAL EXAMINER | | | | | | | | |
| | | SIGNATURE COULCE | DICAL EXAMINER | 0/28/66 | | | | | | |
| | | EXAMINER'S | • | | | | | | | |
| 2 | | NAME (Type) C. G. Rawley | | | | sfield, Md. | | | | |
| | 23a. | REMOVAL (Specify) | 23c. NAME OF CEMETERY | | 23d. LOCATION (City, town or o | | | | | |
|) | -04 | Burial 10/30/66 | Asbury Ceme | etery | Crisfield | Md. | | | | |
| 0 | 24. | FUNERAL DIRECTOR | | | 4.4 | | | | | |
| (0) | | Anthony E. Ward Cr | risfield, Mo | 1. DATE | NOV 1 1966 gcc | carles Judge | | | | |

VR A15ME 3500 4-64

TO DEPUTY MEDICAL

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burlal, cremation, or removal, and

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

LIVET Marie telli The state of the s Maria de la companya del companya de la companya del companya de la companya de l Available of the first the second of the second of

FOR STATE HEALTH DEPT.

O DEPUTY MEDIAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. nages I and 2 with the State Department In any event within 72 hours after death. used as a burlal-transit permit. File to burial, cremation, or removal, and TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior MARYLAND STATE DEPARTMENT OF HEALTH
AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA

23d. LOCATION (City, town or county)

1966

25b. REGISTRAR'S SIGNATURE

Crisfield, Md.

REC'D BY REGISTRAR

(State)

| | Divis | ion of STATISTICAL | | | | | | 1, MARY | LAND | |
|-----------------------|-------------------------------|--|-----------------------------|---------------------|---|-----------------|----------------------------------|-----------------------------|-------------------------------|--|
| | 14717 | MED | ICAL EX | AMINER'S | CERTIFICAT | | | 14 | 1715_ | |
| 1. | PLACE OF DEATH | | | 9 | | | ased lived, If insti b. COUNT | | ence before admission | |
| | | Somerset | | MARYLAND | a. STATE Mar | yland | | Some | | |
| | b. CITY OR TOW | N (If outside corporate lim and give nearest town) | ilts, c. LE | NGTH OF STAY IN 1b | c. CITY OR TOWN (I | | orate limits, writ | e RURAL and | give nearest tow | |
| | | Crisfield | Li | fetime | | sfield | | 1 | 9.1 | |
| | d. NAME OF HOS | PITAL OR INSTITUTION (if | | - | | | | | e. IS RESIDENCE ON A FARM? | |
| | | Somers Co | ve Marir | 18. | 5 5 | tandard | Ave. | | YES NO D | |
| 3. | NAME OF DECEASED | First | | Middle | Last | 4. DATE | Month | 0 | Day Year | |
| | (Type or print) | WELLS | V | ERNON | TODD | DEATH | October | | 19 66 | |
| 5. | SEX | 6. COLOR OR RACE 7. N | ARRIED N | EVER MARRIED | 8. DATE OF BIRTH | 9. | AGE (In years III last pirthday) | FUNDER 1 YE fonths Day | AR IF UNDER 24 HE | |
| | Male | | DOWED | OIVORCED _ | June 12, 19 | 918 | 48 yrs. | | | |
| 10a | USUAL OCCUPAT | ION (Give kind of work done ng life, even if retired) | 10b. KIND OF | BUSINESS OR | 11. BIRTHPLACE (S | State or foreig | n country) | 12. CITIZI | EN OF WHAT | |
| | Waterman | 1 | Seafood | Industry | Crisfield, Maryland | | | U.S.A. | | |
| 13. | FATHER'S NAM | | | | 14. MOTHER'S MAI | | | | | |
| | | Wells W. To | odd | | Naom | i Trice | | | | |
| 15 | . WAS DECEASED | VER IN U.S. ARMED FORCES | ? 16. SOCIA | | INFORMANT | 5 : | Standard | Ave. | | |
| (11 | No | (If yes give war or dates of servi | 218-20 | -6208 Mr | s. Naomi To | dd Cr | isfield. | Maryla | and | |
| | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | | | | 1.10 | NTERVAL BETWEEN | |
| | PART 1. OF | ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ | Compo | ound frac | ture, skul | | | M | Inutes | |
| | 855 X | DUE TO | | | | | | | | |
| | Conditions, If | any, which \ (h) | Proba | Probable seizure | | | | | | |
| | gave rise to cause (a), si | to Immediate | | | | | | | | |
| | underlying caus | aring the | Pitui | ituitary tumor | | | | | | |
| NO | PART II. OTHER S | IGNIFICANT CONDITIONS C | ONTRIBUTING | O OEATH BUT NOT REL | ATEO TO THE TERMINAL | DISEASE COND | ITION GIVEN IN PA | ART 1(a) 1 | 19. WAS AUTOPSY PERFORMED? | |
| SATI | | | | | | | | | YES NO | |
| LIFI | 20a. EXTERNAL | CAUSE WAS | 20b. DESCRI | BE HOW INJURY OCC | URRED. (Enter nuture o | f injury in Par | t I or Part II of | Item 18.) | | |
| CER | CAUSE OF DEAT | CAUSE WAS CONTRIBUTING [| Fall on boat injuring skull | | | | | | | |
| AL | 20c. TIME OF | NJURY Month, Day, Year | | OCCURRED 2De. PL | ACE OF INJURY (Home, f | arm, 2Df. (0 | ity or town) | (County) |) (State) | |
| MEDICAL CERTIFICATION | 4:30 xo. | 10/4 1966 | While at work | ot While | ory, street, office bldg., o Marina | | isfield | Som | . Md. | |
| | 21. I certify | that I took charge of | | | eld an Autopsy 🔲, | Inspection | x, Inquir | у д , а | and in my opinit | |
| | death result | death resulted from: Natural causes , Accident x, Suicide , Homicide , Undetermined manner | | | | | | | | |
| | | 1 1. m | 0 | | CHIEF MEDICA | L EXAMINER | | | | |
| | ACTUAL SIGNATURE | C & /2 | aule | 4 | M.D. ASSISTANT ME | | 700 | 10 | 22. DATE SIGNED | |
| | | | | | DEPUTY MEDICAL EXAMINER Crisfield, Md. | | | | | |
| | EXAMINER'S C. G. Rawley, M.D. | | | | Address (Street, city, town, or county) | | | | | |

23c. NAME OF CEMETERY OR CREMATORY

Sunnyridge Cemetery

VR AISME (5) 5M 1/65 BURIAL, CREMATION, REMOVAL (Specify) Burial

24. FUNERAL DIRECTOR Bradshaw 23b.

DATE THEREOF

& Sons - Crisfield, Md.

Oct. 7,1966

MANAGEMENT OF THE PARTY OF THE TITLE BURNEY OF STREET OF STREET AND ASSESSED. Jeanne de la company de la com Disinglation of the the things of the terms CONTRACTOR OF THE STATE OF THE and the transfer of the second second 1.3.3 boolean , wallist greated boolean ave the document of the control of t I Losq Amedona Demonad Atamina pidetiors THE PART WHEN THE PARTY TO STATE OF THE PARTY OF THE PART The state of the s Delet 21.7,7.12 September 4 to Company of the order to make a come -- nearly said, the company of the company of